

# Laboratory Response Network

Ralph Timperi

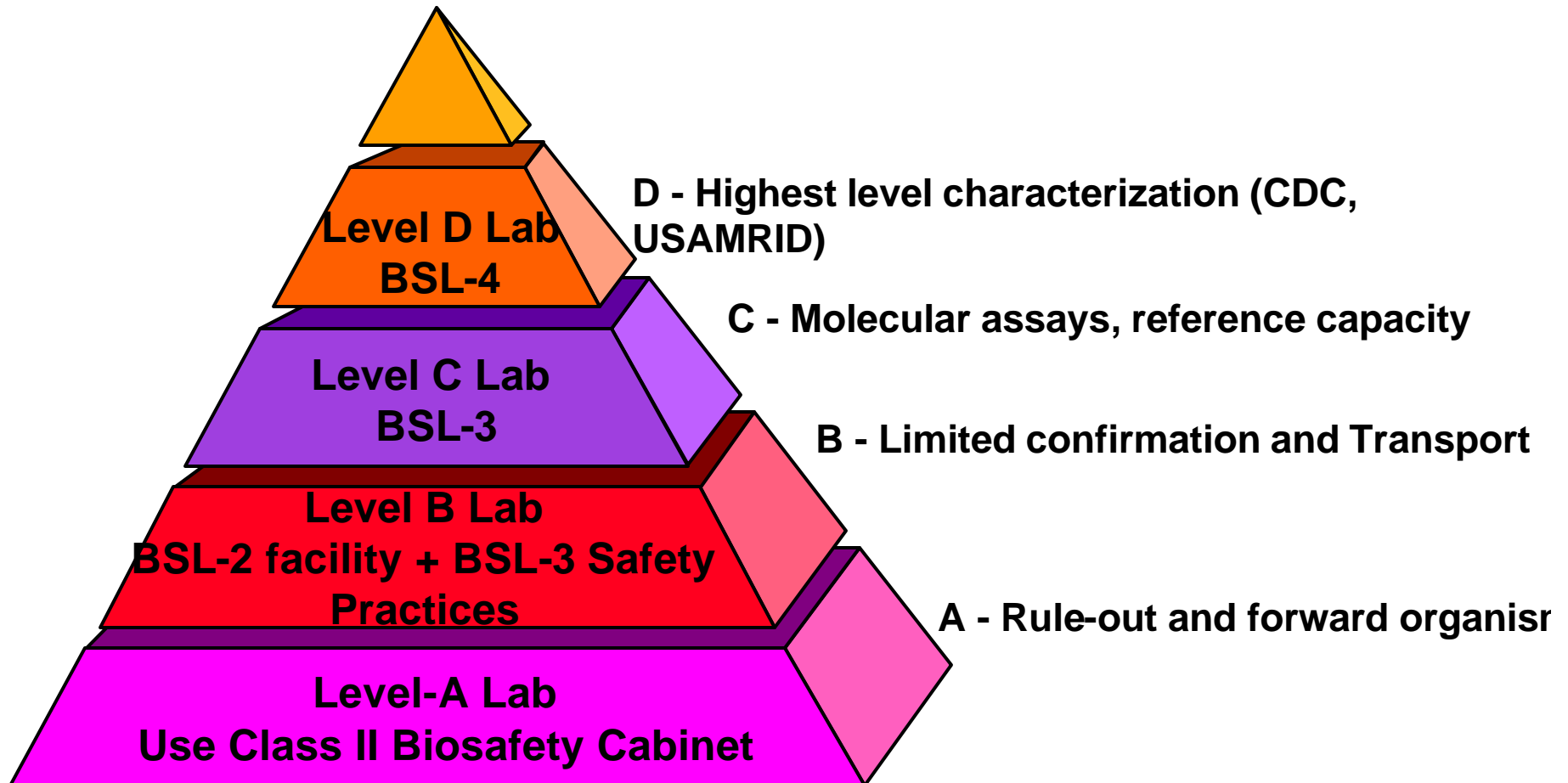
Massachusetts Department of  
Public Health, and

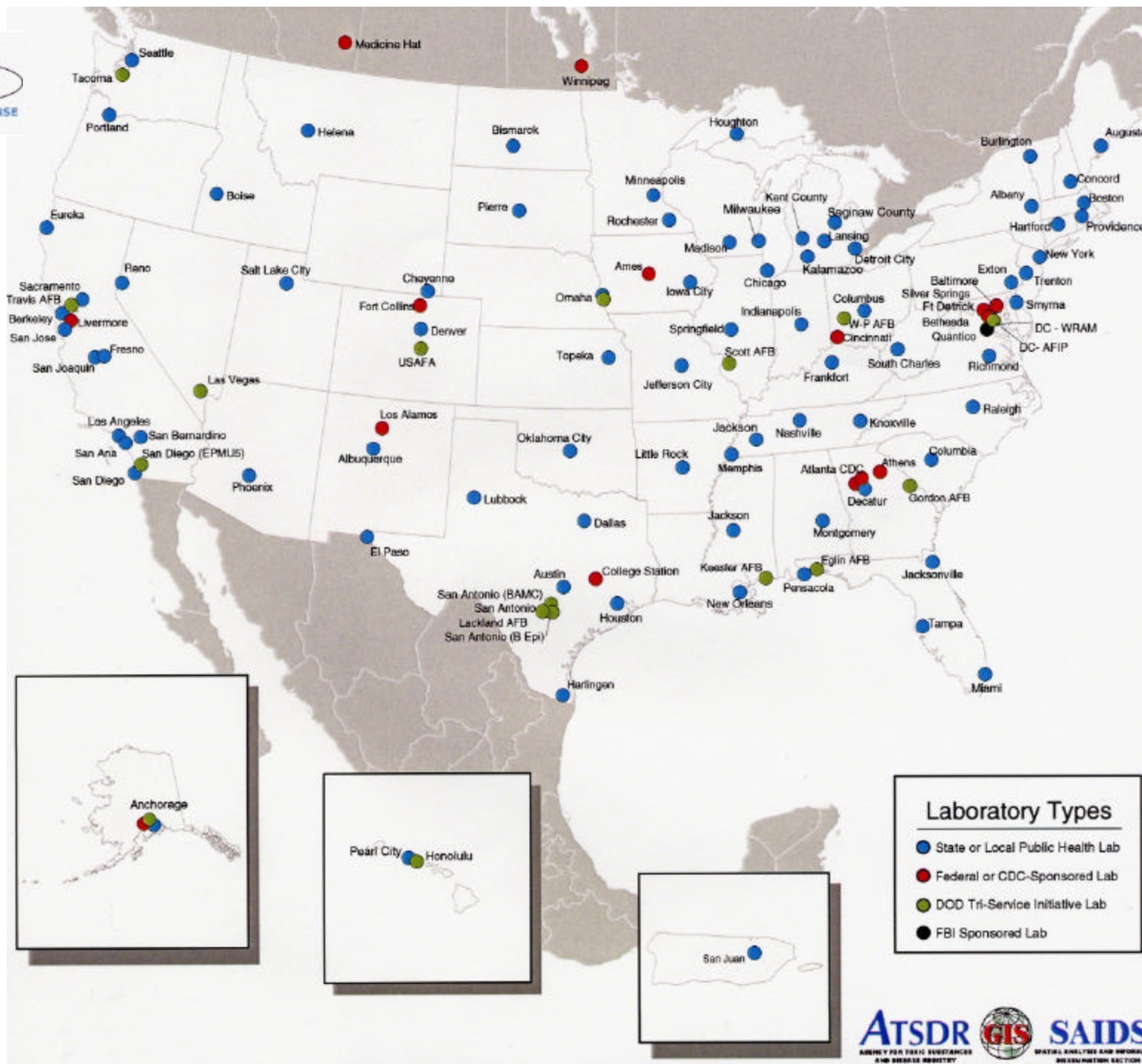
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# Laboratory Response Network For Bioterrorism





# **CDC BT Rapid Response and Advanced Technology Lab**

- **BSL -3**
- **Agent Identification and Specimen Triage**
- **Refer to and Assist Specialty Lab Confirmation**
- **Evaluate Rapid Detection Technology**
- **Rapid Response Team**

# **LRN Capacity**

## **Specimen Collection and Transport**

- **Appropriate specimens**
- **Forensic issues and chain of custody**
- **Timely transport & testing safety**

## **Capacity to Diagnose**

- **Surveillance**
- **Rapid screens - People/environment**
- **Definitive and trusted testing**
- **Secure, reliable means of electronic communication**
- **The right answer, to the right persons at the right time**

# LRN: Work-in-progress

- State and large city / county public health laboratories- secure internet website (reagents, protocols, capacity locator)
- Training and proficiency on 'highest priority agents'
- Conventional and rapid methods
- Validation of methods
- 'Surge capacity'

# LRN: Growing capacity

- Clinical microbiology laboratories collaboration- standard protocols, rule-out testing for clinical specimens, (future) definitive identification of agents
- Building a secure system for electronic laboratory reporting of test results- the technology is not the problem
- Surge capacity- build, protect, access
- Technology and reagents to more laboratories- capacity to validate and accept



# Laboratory and Testing Issues

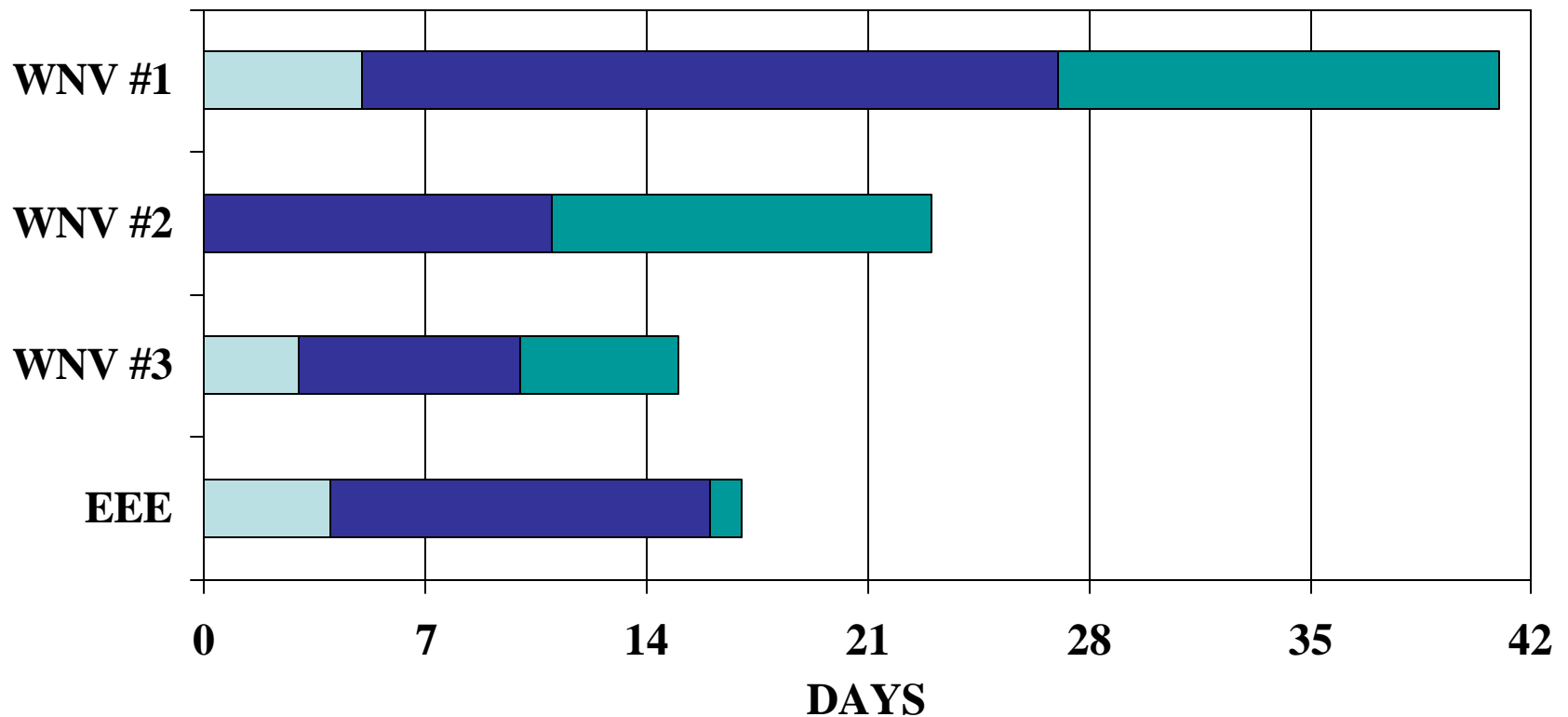
- Surveillance- Numbers of ill persons, general syndromes, laboratory-based species and DNA characteristics
- Field testing- First responders, environmental, risk characterization
- Laboratory diagnosis of human and animal illnesses- coordination and communication
- 24/7 available and accessible capacity

# Human Arbovirus Cases, MA

## Timelines: Onset to Diagnosis

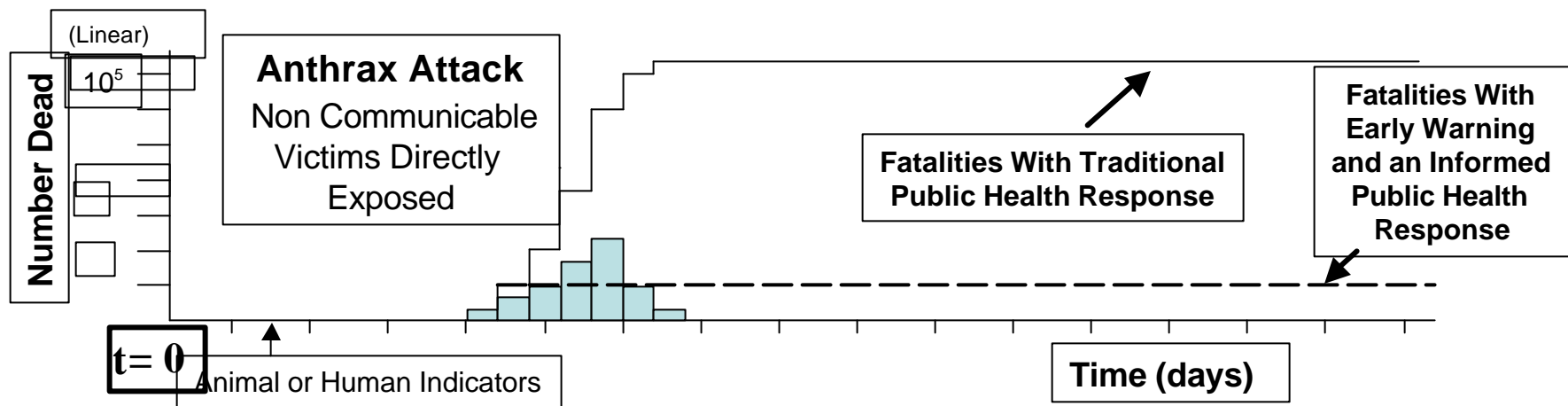
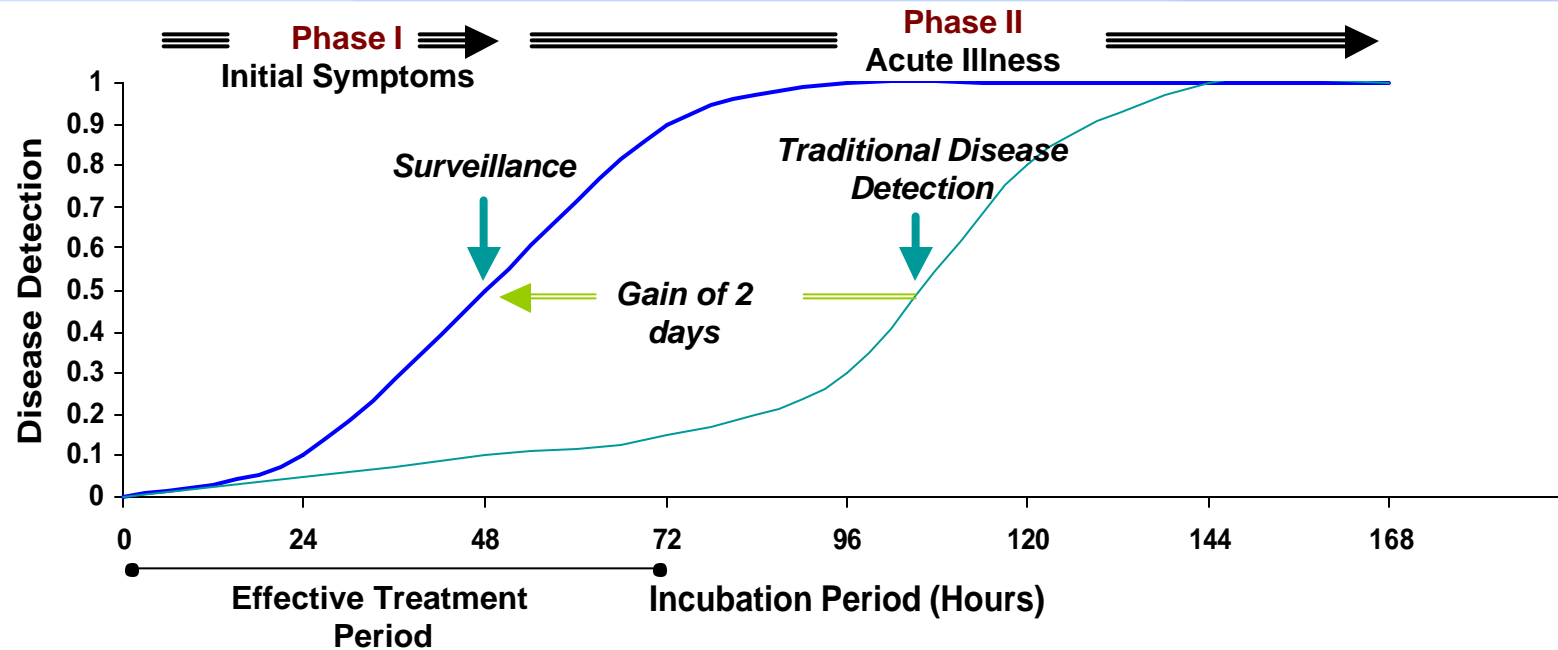
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■ Onset to Health Care   ■ Health Care to Notification   ■ Notification to Diagnosis

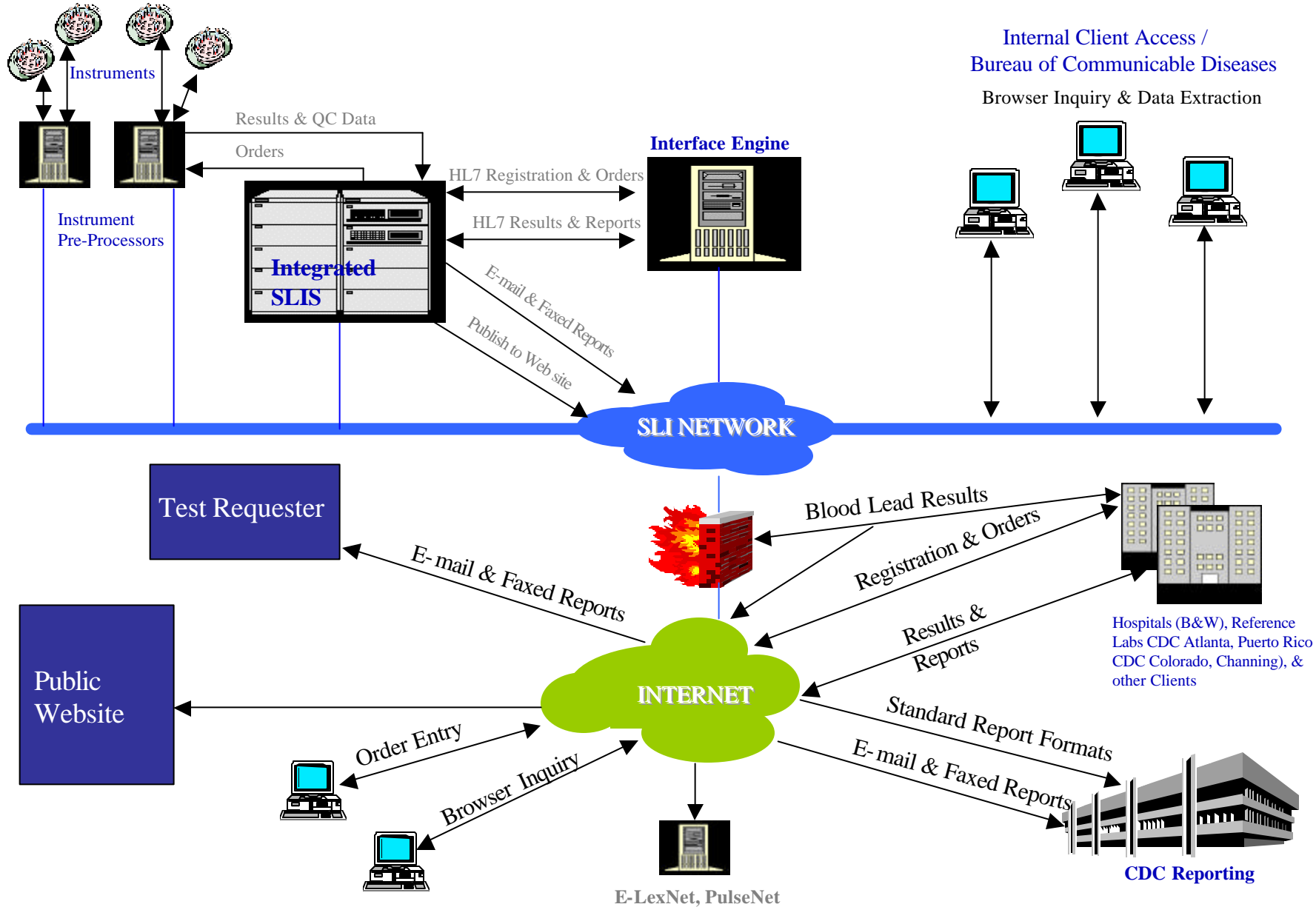




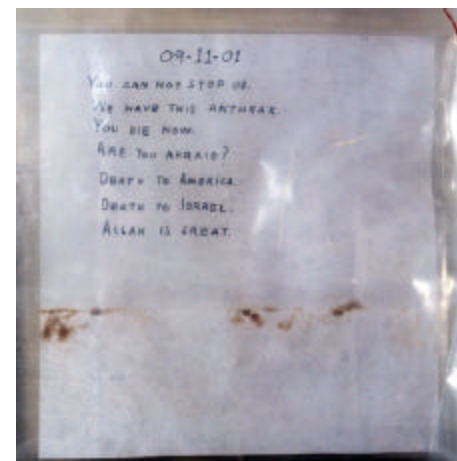
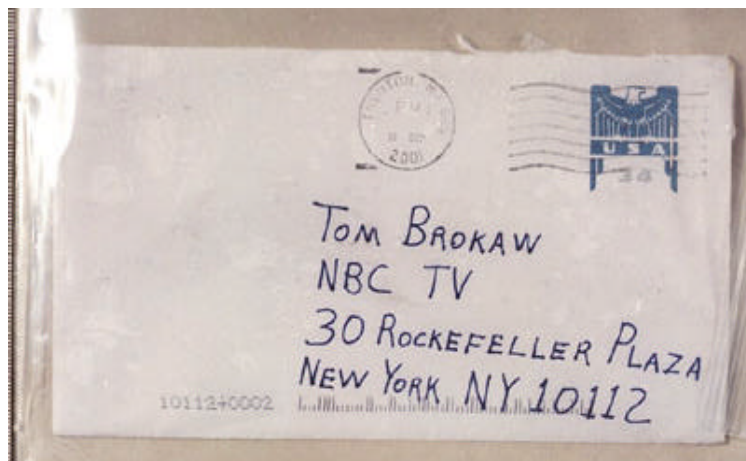
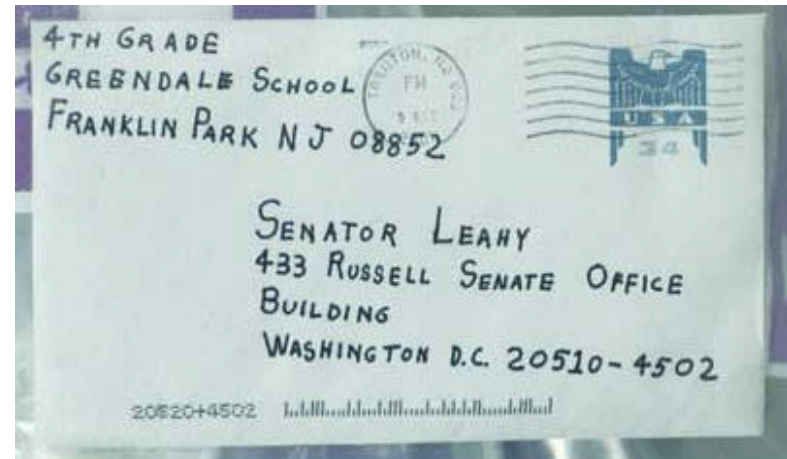
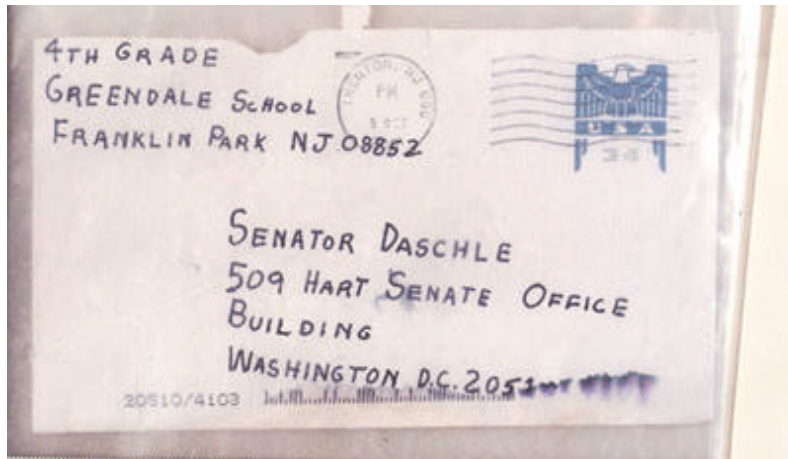
# Impact of Surveillance on Survivability (Anthrax)



# FRAMEWORK FOR AN INTEGRATED SLIS



# Anthrax Sent By Mail September / October 2001



## ENVIRONMENTAL SAMPLES

<b>Description</b>	<b>Number Submitted</b>	<b>Risk / Testing Priority</b>
<b>U.S. Mail contaminated with anthrax</b>	<b>0</b>	<b>Low to high / High</b>
<b>U.S. Mail with a suspicious powder (not anthrax or other pathogen) with or without a threat letter</b>	<b>52</b>	<b>None / High</b>
<b>Powders, particulate matter and various liquid or solid material on surfaces of floors, walls, furniture, clothing, appliances or food</b>	<b>~800</b>	<b>None / Low</b>
<b>Clothing, household items, business products, etc. without evidence of powder, particulate matter, etc.</b>	<b>~1800</b>	<b>None / None</b>

# LRN validated methods and reagents available

- ***Bacillus anthracis*: C, PCR, TRF**  
***Brucella* sp.: C**
- ***Francisella tularensis*: C, TRF**
- ***Yersinia pestis*: C, PCR, TRF**
- ***Clostridium botulinum*: C**

**Conventional, polymerase chain reaction,  
time resolved fluorescence**

# Methods in development

- **Ricin: TRF**
- ***Brucella* sp.: PCR, TRF**
- ***Francisella tularensis*: PCR**
- ***Staph.* enterotoxin B: TRF**
- ***Burkholderia mallei*: PCR**
- ***Burkholderia pseudomallei*: PCR**
- ***Coxiella burnetii*: TRF**
- ***Clostridium botulinum*: EIA, TRF**
- **Validation in progress**
- **Validation by summer**
- **Validation by late summer**
- **EDA not estimated**
- **Fall/Winter 2002**
- **Fall/Winter 2002**
- **EDA not estimated**
- **2004**



# Testing Methods - Environmental

- 1- Gross examination- (environmental samples only)
- 2- Microscopic examination for bacteria and spores
- 3- DNA test methods
- 4- Culture (growth of bacteria on artificial media)
- Most samples tested by methods 1, 4
- U.S. Mail and similar items tested by methods 1, 2, 4 and possibly 3
- Some items with no apparent contamination, no risk indicators tested by method 1 only